“Put a patch on and see what happens” – Harm Reduction for TUD

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INTRODUCTION

- Tobacco use disorder (TUD) disproportionately impacts those with opioid use disorder (OUD), affecting 80% of individuals with OUD, compared with 15% of the general population. [4,5]
- Although receiving TUD treatment while in treatment for a substance use disorder (SUD) is associated with an improvement in SUD outcomes, one review found that less than half of SUD programs offered cessation treatment. [3]
- Given the strong link between the high prevalence of smoking in individuals with OUD, challenges with cessation, and the amplified consequences of smoking related morbidity and mortality in this population, addressing TUD should be an important aspect in the care of people with OUD. [4,5]
- We aimed to assess the degree of TUD in our buprenorphine population and offer TUD treatment through a harm reduction model, adopting an approach of “treatment” rather than “cessation”.
- Our motto was: “put a patch on and see what happens.”

METHODS

- Patients in this analysis were from a harm reduction drop-in center and syringe service program in Washington, DC.
- We began assessing for TUD during patients’ buprenorphine visits, provided a brief intervention (BI), and offered pharmacotherapy (nicotine replacement therapy, varenicline, or bupropion)
- We administered the Heaviness of Smoking Index (HSI), assessing the number of cigarettes smoked per day and the time to first cigarette (TTFC) at baseline, 1 month, and 3 month intervals going forward
- At each visit, we captured HSI, including the number of cigarettes smoked per day and TTFC, encouraged continued use of pharmacotherapy, smoking reduction, and offering additional support such as referral to smoking quitline information.
- A dependent T test was utilized for statistical analysis

RESULTS

Characteristic	N= 114
Age (median)	60.5
Gender	
Male	64%
Female	36%
Race	
Black	91%
White	8%
Other	1%
Years smoked (mean)	33
Cigarettes smoked/day (mean)	8.5
Taking buprenorphine	100%

Table 1: Baseline demographic characteristics of smoking cohort

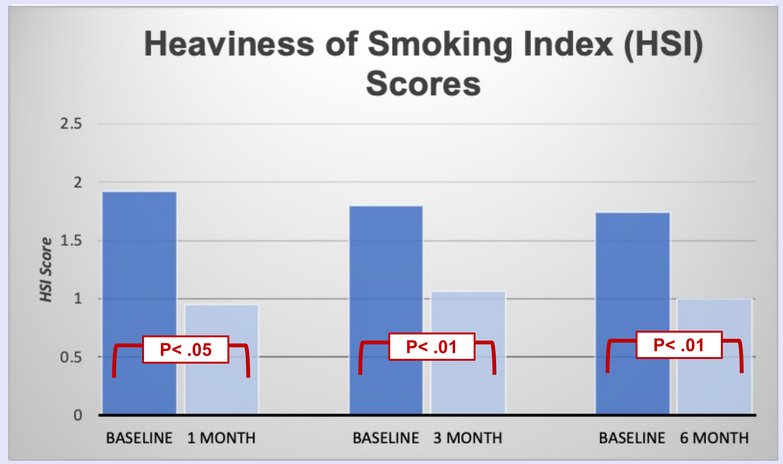

Figure 2: Comparison of HSI scores at baseline, 1-, 3-, and 6-months post baseline

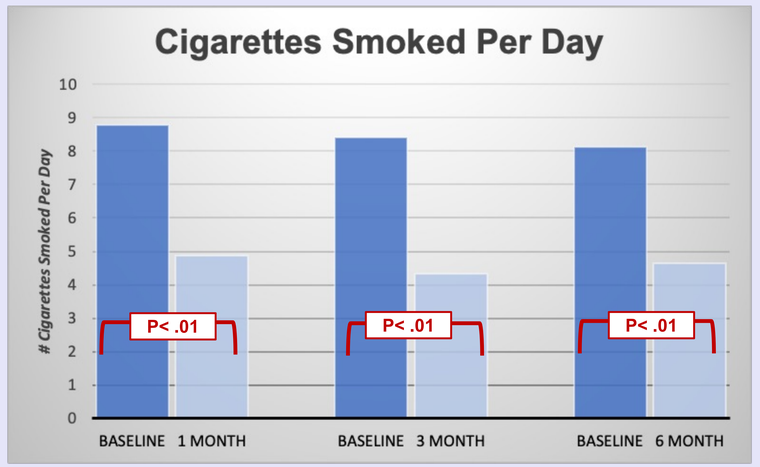

Figure 3: Comparison of cigarettes smoked per day at baseline, 1-, 3-, and 6-months post baseline

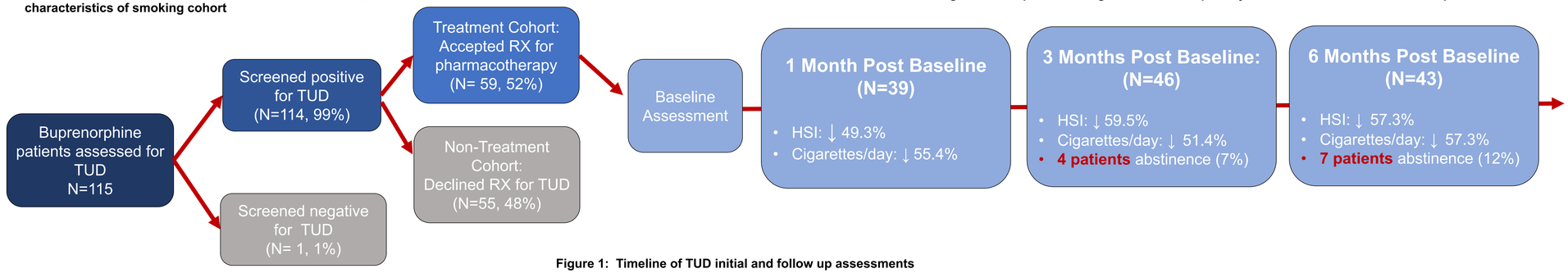

Figure 1: Timeline of TUD initial and follow up assessments

CONCLUSIONS

- We uncovered staggeringly high rates of TUD in our buprenorphine population
- The majority of patients (51.8%) were open to initiating pharmacotherapy for TUD through the lens of harm reduction. Patients were surprised to learn that they could try pharmacotherapy for TUD even if they did not feel ready to completely quit
- This intervention resulted in significant decline in both HSI score and number of cigarettes smoked per day, reducing cigarette usage by 50% or more with persistence of decline over six months, with some achieving total abstinence at 3 or 6 months.
- Data collection was limited in the Non-Treatment Cohort as these patients frequently declined to even discuss TUD or provide information about their smoking
- Treating TUD is simple and potentially life changing for patients with OUD. These data reinforce the high rates of TUD in people on buprenorphine for OUD and the need for TUD assessment and treatment in a harm reduction setting. It also highlights the feasibility and success of applying a harm reduction model to TUD treatment in patients with OUD

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